

SHIRLEY YOUTH BASEBALL

Spring 2005

FOR LEAGUE USE ONLY

Spring Registration

Amount Paid: _____

CK#: _____

TEAM: _____ LEAGUE: _____

REGISTRATION FEES Checks payable to Shirley Youth Baseball

Age Groups	Tee Ball \$35 5 - 6	Rookie \$50 7 - 8	Minor \$75 9 - 12	Major \$75 11 - 12
Sibling Discount: \$10 discount for each additional sibling registered.				

PLAYER INFORMATION

Last Name _____				First Name _____				AGE, as of 7/31/05 ____/____/____	
Address _____				City _____		Zip _____		DATE OF BIRTH ____/____/____	
Tshirt size: (circle one) YS YM YL AS				AM AL AXL				YEARS PLAYED _____	
								<input type="checkbox"/> BOY <input type="checkbox"/> GIRL	

PARENT/GUARDIAN INFORMATION

Relationship to Player		Name		Home Phone		Work Phone	
		Occupation		Cell Phone		E-mail address	
I would be interested in:		<input type="checkbox"/> Head Coach	<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> Umpire	<input type="checkbox"/> Team Parent	<input type="checkbox"/> Committee Position	<input type="checkbox"/> Sponsor
Relationship to Player		Name		Home Phone		Work Phone	
		Occupation		Cell Phone		E-mail address	
I would be interested in:		<input type="checkbox"/> Head Coach	<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> Umpire	<input type="checkbox"/> Team Parent	<input type="checkbox"/> Committee Position	<input type="checkbox"/> Sponsor

Player Agreement: I will play baseball with a positive attitude, as a team player, to the best of my ability, and I will show good sportsmanship at all times.

Parent Agreement: I agree to display a positive attitude, show good sportsmanship at all times, and to help my child uphold the above Player Agreement. I understand that I will be required to participate in field maintenance, fund-raising, and concession stand duty in order to help SYB provide a quality baseball program for my child. I also understand that I am encouraged to attend meetings and be involved in the promotion of the SYB organization.

I realize I need to provide a **Glove** for my child to participate in this sport.

List any medical problems/limitations/allergies: _____

Person to notify in an emergency: _____
Name Phone number(s)

Doctor to notify in an emergency: _____
Name Phone number(s)

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of SYB Baseball and its affiliated organizations (SYB). Recognizing the possibility of physical injury associated with Baseball and in consideration for the SYB accepting the registrant for participation in its Baseball Program and activities, I hereby release, discharge and/or otherwise indemnify the SYB and its sponsors, their employees and associated personnel, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Program and/or being transported to or from the same, which transportation I hereby authorize.

CONSENT FOR MINOR MEDICAL TREATMENT: As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life or limb or well being of my dependent.

Signature of Parent/Guardian _____

Date _____

REGISTRATION: Any questions please call Bob Eramo @ 978-425-2520

FINAL REGISTRATION DATE: Saturday, January 29th

Registration Forms may be mailed to:

SHIRLEY YOUTH BASEBALL, PO Box 1372, Shirley, MA 01464.

Register Early to insure placement on a team!